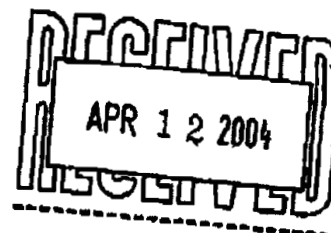


Exhibit B

USAC**Universal Service Administrative Company**
Schools & Libraries Division**FORM 471 RECEIPT ACKNOWLEDGMENT LETTER**
(Funding Year 2004: 07/01/2004 - 06/30/2005)

April 6, 2004

SABRINA WIGGS
VIDALIA CITY SCHOOLS
301 ADAMS STREET
VIDALIA, GA 30474Re: Form 471 Application Number: 435029
Funding Year 2004: 07/01/2004 - 06/30/2005
Applicant's Form Identifier: VBOK07
Billed Entity Number: 127345

This notification is an acknowledgment of receipt and successful data entry of your ECC Form 471, "Services Ordered and Certification Form," reflecting \$4,420.00 in total program year pre-discount costs for services. This letter confirms that the Form 471 and signed or electronically certified Form 471 Certification have been received. Please note that the later of these Form 471 application materials was postmarked or received by the Schools and Libraries Division (SLD) on 02/04/2004. Your application will be considered within the Form 471 application filing window wherein all applications that meet the Minimum Processing Standards are treated as though they were received on the same day. It is important that you retain this Form 471 Receipt Acknowledgment Letter (RAL) for your records.

NOTE: Item 25 on the Form 471 is a certification that you have secured access to the resources necessary to pay for (1) the non-discount portion of the costs for eligible services within the funding year, as well as (2) the ineligible products and services to make effective use of the eligible services you have requested. "Secured access" means that you can show that these funds are, or will be, part of your annual budget; or, if you are obtaining the funds from an outside revenue source, that these funds have been acquired or committed. IF YOU OBTAIN THESE FUNDS FROM AN OUTSIDE SOURCE, THE FUNDS MUST NOT COME DIRECTLY OR INDIRECTLY FROM YOUR SERVICE PROVIDER(S). YOUR SERVICE PROVIDER(S) MAY NOT WAIVE THE NON-DISCOUNT PORTION OF THE COSTS.

THIS LETTER DOES NOT CONTAIN ANY DECISIONS CONCERNING YOUR REQUESTS FOR DISCOUNTS. NOTE, HOWEVER, THE THREE-WEEK RESPONSE DEADLINE DESCRIBED BELOW.

It is important that you keep the Form 471 Application Number cited above for future communications with the SLD. Our Program Integrity Assurance (PIA) Team will now review your application for compliance with program rules. Once the review of your application has been completed, you will receive one or more Funding Commitment Decision Letters (FCDLs) to inform you of our decisions on your Funding Requests. You cannot assume that USAC will approve the discounts for which you are applying before an FCDL is issued.

ALLOWABLE CORRECTIONS USING THE RAL (ACT WITHIN THREE WEEKS!)

If you find data entry errors on this letter, or you previously identified errors on your Form 471, certain of these errors can be corrected using this Form 471 RAL.

- You MUST, at a minimum, include the signature, printed name and official title of either the contact person on this letter or the authorized person on the Form 471.
- Requests must be received or postmarked within three weeks of the date on this letter.

Form 471 RAL Block 5 Funding Requests Report

THIS REPORT DOES NOT CONTAIN ANY DECISIONS CONCERNING YOUR REQUESTS FOR DISCOUNTS.

FRN: 1212800
SPIN: 143017599 Service Provider Name: Southern Communications
Category of Services: Telecommunications Service
Pre-discount \$ Amount: \$4,420.00
Discount Percentage: 84%

Exhibit C

Schools and Libraries Universal Service Services Ordered and Certification Form 471

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier:

✓ B0E07

(Create your own code to identify THIS Form 471)

Form 471 Application #

(to be inserted by Fund Administrator)

Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity	Vidalia City Schools		
2	Funding Year: July 1, 2004 through June 30, 2005	3	Entity Number 127345	
4 a	Street Address, P.O. Box, or Route Number	301 Adams Street		
	City	Vidalia		
	State	GA	Zip Code	30474
b	Telephone Number	912 537 3088	Ext	
c	Fax Number	912 538 0938		
d	E-mail Address	Swiggs@vidalia-city.k12.ga.us		
5	Type of Application	School (public or non-public school) School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) Library (library (i.e. outlet/branch, system)) Consortium Check here if any members of this consortium are ineligible non-governmental entities.		
6 a	Contact Person's Name	Sabrina Wiggs		
First, fill in every item of the Contact Person's information below that is different from Item 4, above. Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)				
b	Street Address, P.O. Box, or Route Number	301 Adams Street		
	City	Vidalia		
	State	GA	Zip Code	30474
c	Telephone Number	912 537 3088	Ext	
d	Fax	912 538 0938		
e	E-mail Address	Swiggs@vidalia-city.k12.ga.us		
f	Holiday/vacation/summer contact information:			



Entity Number 127345 Applicant's Form Identifier VBOE07
 Contact Person Sabrina Wigg5 Phone Number 912-537-3088

Block 2: Minor Modification to Existing Contract?

- 7 Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgment Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471
Application #:

Funding
Request
Number

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Block 3: Impact of Services Ordered in THIS Application

- 8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served , 2,391 b Number of library patrons to be served , ,

- 9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?		
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	<u>5</u>	<u>5</u>
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	<u>T1</u>	<u>T1</u>
d	Dial-up Internet connections: How many before and after your order?		
e	Dial-up Internet connections: Highest speed before and after your order?		
f	Direct connections to the Internet: How many before and after your order?	<u>1</u>	<u>1</u>
g	Direct connections to the Internet: Highest speed before and after your order?	<u>T1</u>	<u>T1</u>
h	Internet access (for schools): How many rooms have Internet access before and after your order?	<u>160</u>	<u>160</u>
i	Internet access (for libraries): How many buildings have Internet access before and after your order?		
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	<u>567</u>	<u>560</u>
k	Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.



Entity Number

127345

Applicant's Form Identifier

VBOE 07

Contact Person

Sabrina Wiggs

Phone Number

912-538-3088

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 1

Page of

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: ✓ Vidalia City Schools

School District Entity Number: 127345

1 Name of Eligible School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Dickerson Primary School	33328	R	587	556	94.718	90	528.3
Sally Dailey Meadows Elem	33329	R	569	550	96.660	90	512.1
Trippie Middle School	33330	R	541	516	95.378	90	486.9
Vidalia Comprehensive High	33327	R	694	281	40.489	70	485.8
Totals for calculating Weighted Average Discount			2391				84%

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) →



Entity Number <u>127345</u> Contact Person <u>Sabrina Wiggs</u>	Applicant's Form Identifier <u>V80E07</u> Phone Number <u>912-537-3088</u>
--	---

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 3

<div style="border-bottom: 1px solid black; padding: 5px;"> 11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 12 Form 470 Application Number (15 digits) <u>445420000496766</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 13 SPIN - Service Provider Identification Number (9 digits) <u>143017599</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 14 Service Provider Name <u>Southern LINC</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>T</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 16 Billing Account Number (e.g., billed telephone number) <u>9125373088</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 18 Contract Award Date (mm/dd/yyyy) </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19a Service Start Date (mm/dd/yyyy) <u>07012004</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>06302005</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 20 Contract Expiration Date (mm/dd/yyyy) </div>	<div style="border-bottom: 1px solid black; padding: 5px;"> 23 Calculations </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">A.</td> <td style="width: 15%;">Monthly \$ charges (total amount per month for service)</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 70%; text-align: right;"><u>460.00</u></td> </tr> <tr> <td style="text-align: center;">B.</td> <td>How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><u>100.00</u></td> </tr> <tr> <td style="text-align: center;">C.</td> <td>Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><u>360.00</u></td> </tr> <tr> <td style="text-align: center;">D.</td> <td># of months service provided in program year</td> <td></td> <td style="text-align: right;"><u>12</u></td> </tr> <tr> <td style="text-align: center;">E.</td> <td>Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><u>5,400.00</u></td> </tr> <tr> <td style="text-align: center;">F.</td> <td>Annual non-recurring (one-time) \$ charges</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><u>100.00</u></td> </tr> <tr> <td style="text-align: center;">G.</td> <td>How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: right;">\$</td> <td></td> </tr> <tr> <td style="text-align: center;">H.</td> <td>Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><u>100.00</u></td> </tr> <tr> <td style="text-align: center;">I.</td> <td>Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><u>5,500.00</u></td> </tr> <tr> <td style="text-align: center;">J.</td> <td>% discount (from Block 4 Worksheet)</td> <td></td> <td style="text-align: right;"><u>84</u></td> </tr> <tr> <td style="text-align: center;">K.</td> <td>Funding Commitment \$ Request (I x J)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><u>4,620.00</u></td> </tr> </table>	A.	Monthly \$ charges (total amount per month for service)	\$	<u>460.00</u>	B.	How much of the \$ amount in (A) is ineligible?	\$	<u>100.00</u>	C.	Eligible monthly pre-discount amount (A minus B)	\$	<u>360.00</u>	D.	# of months service provided in program year		<u>12</u>	E.	Annual pre-discount \$ amount for eligible recurring charges (C x D)	\$	<u>5,400.00</u>	F.	Annual non-recurring (one-time) \$ charges	\$	<u>100.00</u>	G.	How much of the \$ amount in (F) is ineligible?	\$		H.	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	\$	<u>100.00</u>	I.	Total program year pre-discount \$ amount (E + H)	\$	<u>5,500.00</u>	J.	% discount (from Block 4 Worksheet)		<u>84</u>	K.	Funding Commitment \$ Request (I x J)	\$	<u>4,620.00</u>
A.	Monthly \$ charges (total amount per month for service)	\$	<u>460.00</u>																																										
B.	How much of the \$ amount in (A) is ineligible?	\$	<u>100.00</u>																																										
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F.	Annual non-recurring (one-time) \$ charges	\$	<u>100.00</u>																																										
G.	How much of the \$ amount in (F) is ineligible?	\$																																											
H.	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	\$	<u>100.00</u>																																										
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J.	% discount (from Block 4 Worksheet)		<u>84</u>																																										
K.	Funding Commitment \$ Request (I x J)	\$	<u>4,620.00</u>																																										

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.	Attachment # <u>LINC</u>
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22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):
---	---

A 1



Entity Number <u>127345</u>	Applicant's Form Identifier <u>V80E07</u>
Contact Person <u>Sabrina Wiggs</u>	Phone Number <u>912-537-3088</u>

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 2 of 3

FRN# _____
(to be assigned by funding source)

11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections	23 Calculations A. Monthly \$ charges (total amount per month for service) \$ _____, <u>1,830.00</u>
12 Form 470 Application Number (15 digits) <u>445420000496766</u>	B. How much of the \$ amount in (A) is ineligible? \$ _____
13 SPIN - Service Provider Identification Number (9 digits) <u>143008241</u>	C. Eligible monthly pre-discount amount (A minus B) \$ _____, <u>1,830.00</u>
14 Service Provider Name <u>Access Integrated Networks</u>	D. # of months service provided in program year <u>12</u>
15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u>	E. Annual pre-discount \$ amount for eligible recurring charges (C x D) \$ _____, <u>21,960.00</u>
16 Billing Account Number (e.g., billed telephone number) <u>9125373088</u>	F. Annual non-recurring (one-time) \$ charges \$ _____
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) <small>(based on Form 470 filing)</small>	G. How much of the \$ amount in (F) is ineligible? \$ _____
18 Contract Award Date (mm/dd/yyyy)	H. Annual eligible pre-discount \$ amount for one-time charges (F minus G) \$ _____
19a Service Start Date (mm/dd/yyyy) <u>07012004</u>	I. Total program year pre-discount \$ amount (E + H) \$ _____, <u>21,960.00</u>
19b Service End Date (mm/dd/yyyy) <small>(use only for "T" or "MTM" services)</small> <u>06302005</u>	J. % discount (from Block 4 Worksheet) <u>84</u>
20 Contract Expiration Date (mm/dd/yyyy)	K. Funding Commitment \$ Request (I x J) \$ _____, <u>18,446.00</u>

21 Description of This Service:
 You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment # Pho

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:	
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):	<u>A1</u>



Entity Number <u>127345</u> Contact Person <u>Sabrina Wiggs</u>	Applicant's Form Identifier <u>YB0E07</u> Phone Number <u>912-537-3088</u>
--	---

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 3 of 3

ERN # XXXXXXXXXX
(to be assigned by the Commission)

<div style="border-bottom: 1px solid black; padding: 5px;"> 11 Category of Service (only ONE category should be checked) <div style="display: flex; justify-content: space-between;"> Telecommunications Service <input checked="" type="checkbox"/> Internet Access Internal Connections </div> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 12 Form 470 Application Number (15 digits) <u>445420000496766</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 13 SPIN - Service Provider Identification Number (9 digits) <u>143026097</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 14 Service Provider Name <u>ANS Connect Inc</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 16 Billing Account Number (e.g., billed telephone number) <u>9125373088</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) <small>(based on Form 470 filing)</small> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 18 Contract Award Date (mm/dd/yyyy) </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19a Service Start Date (mm/dd/yyyy) <u>07012004</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19b Service End Date (mm/dd/yyyy) <small>(use only for "T" or "MTM" services)</small> <u>06302005</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 20 Contract Expiration Date <small>(mm/dd/yyyy)</small> </div>	<div style="border-bottom: 1px solid black; padding: 5px;"> 23 Calculations </div> <div style="border-bottom: 1px solid black; padding: 5px;"> A. Monthly \$ charges (total amount per month for service) \$, , <u>7,500.00</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> B. How much of the \$ amount in (A) is ineligible? \$, , , , , </div> <div style="border-bottom: 1px solid black; padding: 5px;"> C. Eligible monthly pre-discount amount (A minus B) \$, , <u>7,500.00</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> D. # of months service provided in program year <u>12</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> E. Annual pre-discount \$ amount for eligible recurring charges <small>(C x D)</small> \$, , <u>90,000.00</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> F. Annual non-recurring (one-time) \$ charges \$, , <u>484,000.00</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> G. How much of the \$ amount in (F) is ineligible? \$, , , , , </div> <div style="border-bottom: 1px solid black; padding: 5px;"> H. Annual eligible pre-discount \$ amount for one-time charges <small>(F minus G)</small> \$, , <u>480,000.00</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> I. Total program year pre-discount \$ amount (E + H) \$, , <u>574,000.00</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> J. % discount (from Block 4 Worksheet) <u>84</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> K. Funding Commitment \$ Request (I x J) \$, , <u>482,160.00</u> </div>
--	---

21 Description of This Service:
 You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided. Attachment # 1A

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):



Do not write in this area

Entity Number 127345

Applicant's Form Identifier VBOE07

Contact Person Sabrina Wiggs

Phone Number 910-537-3088

Block 6: Certifications and Signature

24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.

25 The entities listed on this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections, necessary to make effective use of the services purchased, as well as to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

- a ☐ an individual technology plan for using the services requested in this application; and/or
- b ☒ higher-level technology plan(s) for using the services requested in this application; or
- c ☐ no technology plan needed; applying for basic local and long distance telephone service only.

27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a ☒ technology plan(s) has/have been approved; and/or
- b ☐ technology plan(s) will be approved by a state or other authorized body; or
- c ☐ no technology plan needed; applying for basic local and long distance telephone service only.

28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.



Entity Number

127345

Applicant's Form Identifier

VBOE071C

Contact Person

Sabrina Wiggs

Phone Number

9125373088

34. Signature of authorized person

Sabrina Wiggs

35. Date

MMDDYYYY

36. Printed name of authorized person

Sabrina Wiggs

37. Title or position of authorized person

Technology Coord.

38a. Street Address, P.O. Box, or Route Number

301 Adams Street

City

Vidalia

State

Zip Code

GA

30174

38b. Telephone number of authorized person

Extension

38c. Fax number of authorized person

912 537 3088

38d. E-mail address of authorized person

Swiggsevidalia-city.ga.us

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001. The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.



Entity Number	<u>127345</u>	Applicant's Form Identifier	<u>VBOEO7IC</u>
Contact Person	<u>Sabrina Wiggs</u>	Phone Number	<u>912-537-3088</u>

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**



LINC

E-rate Plan

Plan	Monthly Access	Coverage	Private Instant LINC SM 2-way radio minutes	Group Instant LINC SM 2-way radio minutes	Phone Minutes	Additional Phone Minutes
Government E-rate 700 Minute Local	\$30.00	Local	700 (Group and/or Private)	700 (Group and/or Private)	10	40¢/min

Long Distance Phone Service is 20¢ per minute. Long distance calls are those which initiated from within the Southern LINC footprint and terminated outside the subscribed-to service area. This charge is in addition to airtime charges (if applicable). Long distance phone charges are rounded to the next minute.

Southern LINC Phone Roaming: 60¢ per minute

Southern LINC Phone Roaming occurs anytime subscribers use phone service outside of the Southern LINC footprint. Southern LINC Roaming is rounded to the next second after the first minute of each call. When roaming outside of the Southern LINC footprint, long distance is included at no additional charge. Airtime applies.

Long Distance Instant LINC: \$3 per day plus 10 cents per minute per user. Long distance Instant LINC occurs when any user, including the initiator, is brought into the Instant LINC call from an area outside the initiator's subscribed-to service area. Long distance Instant LINC minutes are rounded to the second. This charge applies only to local and regional plans.

Item 21 Attachment

Applicant: Vidalia City School District
BEN: 127345
SPIN: 143026097- ANS Connect, Inc.

Attachment: IA
Application:
FRN:

Qty	Part Number	Product Description	Unit Cost	Extended Pre-discount Amount	
				Recurring	Non-Recurring
12		Provision of Internet Access		\$7,500.00	\$484,000.00
		For the following entites:			
		Vidalia City Board of Education - HUB			
		JD Dickerson Elementary School			
		Sally Meadows Elementary School			
		JR Trippe Middle School			
		Vidalia City High School			
		Total FRN:		\$90,000.00	\$484,000.00
		Page 1 of 1			

DALIA CITY OF--SCHOOLS

Page 6 of 24

Account ID: 491, Invoice # 1589000

Billing End Date: 01/14/2004

Service Locations:

	Recurring	Long Dist.	Misc.Chgs	Taxes	Total
² 912 537-2332	\$34.66	\$4.35	\$0.00	\$0.00	\$39.01
³ 912 537-3421	34.18	2.38	0.00	0.00	36.56
⁴ 912 537-4032	34.18	3.20	0.00	0.00	37.38
⁵ 912 537-4140	0.00	0.00	0.00	0.00	0.00
⁶ 912 537-6282	34.18	1.05	0.00	0.00	35.23
⁷ 912 537-8161	34.18	0.00	0.00	0.00	34.18
⁸ 912 538-0511	28.85	1.78	0.00	0.00	30.63
⁹ 912 538-8400	28.85	0.63	1.80	0.00	31.28
¹⁰ 912 538-9722	34.18	0.11	1.80	0.00	36.09
<i>Total</i>	<u>\$297.44</u>	<u>\$13.49</u>	<u>\$3.60</u>	<u>\$0.00</u>	<u>\$314.53</u>

SALLY D ELEMENTARY SCHOOLS

¹ 912 537-0917	\$30.19	\$0.24	\$0.00	\$0.00	\$30.43
² 912 537-1160	30.19	3.89	0.00	0.00	34.08
³ 912 537-1751	40.19	0.72	6.30	0.00	47.21
⁴ 912 537-2749	40.19	0.46	2.70	0.00	43.35
⁵ 912 537-3933	0.00	0.00	0.00	0.00	0.00
⁶ 912 537-4755	40.19	0.00	0.00	0.00	40.19
⁷ 912 537-6780	30.19	0.00	0.00	0.00	30.19
⁸ 912 537-9717	30.19	0.00	0.00	0.00	30.19
⁹ 912 538-1370	30.19	0.00	0.00	0.00	30.19
¹⁰ 912 538-8468	30.19	0.30	0.00	0.00	30.49
<i>Total</i>	<u>\$301.71</u>	<u>\$5.61</u>	<u>\$9.00</u>	<u>\$0.00</u>	<u>\$316.32</u>

VIDALIA CITY SCHOOLS

¹ 912 537-6206	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>Total</i>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>

ALTERNATIVE SCHOOL

¹ 912 538-8111	\$28.85	\$0.00	\$0.00	\$0.00	\$28.85
<i>Total</i>	<u>\$28.85</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$28.85</u>

J D DICKERSON PRIMARY

¹ 912 537-7525	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
² 912 537-7760	0.00	0.00	0.00	0.00	0.00
³ 912 537-8163	0.00	0.00	0.00	0.00	0.00
<i>Grand Total</i>	<u>\$1,719.48</u>	<u>\$95.53</u>	<u>\$14.40</u>	<u>\$0.00</u>	<u>\$1,829.41</u>

* Pho

Great News! You can now pay your bill on-line!
Go to www.accesscomm.com and select My Account

Account Summary

Account Activity

Amount of Last Bill	\$1,858.70
Payments Received	1,858.70
Other Credits	0.00
Balance	(\$0.00)

Current Activity

Recurring Charges	\$1,719.48
Long Distance Charges	95.53
Miscellaneous Charges	14.40
Adjustments	0.00
Taxes	0.00
Total Current Activity	\$1,829.41

Amount Due:

\$1,829.41

100	9990	2300	53000	8010	-	300.93
100	9990	2400	53000	273	-	624.75
100	9990	2400	53000	173	-	244.03
100	9990	2400	53000	5050	-	316.32
100	9990	2400	53000	2050	-	314.53
100	9990	2400	53000	6598	-	28.85

Also the employees of Access Integrated Networks thank you for your business.

Have You Tried Access Long Distance?

We now have long distance rates as low as \$.049 per minute! Call us for more details.

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When moving to a new location, please notify Access at least thirty days prior to your move. This will help us in securing the necessary information to ensure that your move goes smoothly.

Access contact information:

Focused Care **888-275-0777**
E-mail focused.care@accesscomm.com

New : Web Invoice - Create your own Login and see your Invoice on-line. You can also make credit card payments from www.accesscomm.com

01/19/2004-11:01 am

For your records:

Payment date _____
Check number _____
Amount paid _____

VIDALIA CITY OF--SCHOOLS

Account ID: 491, Invoice # 1589000

Access
143008241

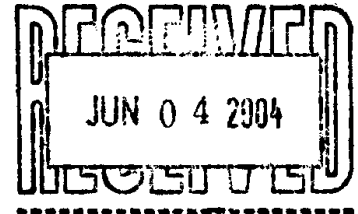


Universal Service Administrative Company
Schools & Libraries Division

Administrator's Decision on Appeal - Funding Year 2004-2005

June 1, 2004

Sabrina Wiggs
Vidalia City Schools
301 Adams Street
Vidalia, GA 30474



Re: Billed Entity Number: 127345
471 Application Number: 435029
Funding Request Number(s): Not Assigned
Your Correspondence Dated: April 6, 2004

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision regarding your appeal of the SLD's Funding Year 2004 Block 5 Funding Request Rejection Letter for the application number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 60-day period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one application number, please note that for each application an appeal is submitted, a separate letter is sent.

Funding Request Number: Not Assigned
Decision on Appeal: **Denied in full**
Explanation:

- On appeal, you seek reversal of the SLD's decision to deny the funding requests for failure to meet minimum processing standards. Specifically, the Form 471 contained the following areas: Block 5, page 2, Item 11 did not include a category of service; Item 13 did not include the SPIN; Item 14 did not include the Service Provider Name; Item 23 did not include any dollar values in Columns E, H, I, and K; and Block 5, page 3, Item 23 did not include any dollar values in Columns E, H, I, and K. While you acknowledge that this was an oversight, you include a copy of the completed Block 5, page 2 - 3, and you ask the SLD to consider the funding requests.
- Upon thorough review of your appeal letter and relevant documentation, it is determined that Block 5, page 2, Items 11, 13, 14, and 23, and Block 5, page 3, Item 23 were not complete at the time the Form 471 was filed. As a result, the funding requests were rejected for failure to meet minimum processing standards. In order to receive consideration within the Funding Year 2004 window, program rules require

that completed Forms 471 and Form 471 Certifications be received by the SLD or postmarked no later than February 4, 2004. Further, it is the responsibility of the applicant to ensure that all forms are correct and submitted to SLD in a timely manner.

- The original submission for the funding requests were missing data in Block 5, which caused the funding requests to be rejected for failure to meet minimum processing standards. Funding requests that do not meet the minimum processing standards are not considered for funding. Your appeal has not shown that the request was improperly denied. Consequently, the funding requests will not be data entered and your appeal is denied.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission (FCC). You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be received or postmarked within 60 days of the date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company